

## **RTPO/MPO Validation**

NSB Grant applicants must coordinate their projects with Regional Transportation Planning Organizations (RTPOs) or Metropolitan Planning Organizations (MPOS) to ensure that projects are consistent with State and Regional Transportation plans. Please refer to the Eligibility Checklist for a statewide listing of RTPO/MPO representatives.

### **Project Information**

**Project Title:** \_\_\_\_\_

**Total Project Cost:** \_\_\_\_\_ **State Route #:** \_\_\_\_\_

**Lead Agency:** \_\_\_\_\_ **Certification Acceptance** ☐ Yes ☐ No

**Certification Acceptance If not Lead Agency:** \_\_\_\_\_

**Lead Agency Contact:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_

### **RTPO / MPO Validation**

**RTPO / MPO Name:** \_\_\_\_\_

**Transportation Planner:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ **Date:** \_\_\_\_\_

**RTPO / MPO Director:** \_\_\_\_\_

(Signature)

## **WSDOT Region Validation**

NSB Grant applicants must coordinate their projects with WSDOT region Local Program Engineers and Planners to ensure that projects are consistent with State and Regional Transportation plans.

The Local Programs Engineer or his designee must sign this validation The Regional Administrator or his designee also must sign this form. If the project lies in more than one WSDOT Region, the Regional Administrator of the region in which the majority of the project lies should sign the validation form. Statewide projects require signature by the Heritage Corridors Program Manager. .

### **WSDOT Region Local Programs Engineer Validation**

☐ EASTERN   ☐ NC   ☐ NW   ☐ OLYMPIC   ☐ SC   ☐ SW   ☐ STATEWIDE

**Project Name:** \_\_\_\_\_

**Local Programs Engineer or designee** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**I agree that the Lead Agency for this project has followed the Local Agency Guidelines (LAG) procedures and is eligible to receive these federal funds.** ☐ Yes   ☐ No

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### **WSDOT Region Planning Validation**

☐ EASTERN   ☐ NC   ☐ NW   ☐ OLYMPIC   ☐ SC   ☐ SW   ☐ STATEWIDE

**Region Planner:** \_\_\_\_\_

**Phone: (     )** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Region Administrator**

**or Designee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature**